tubular body 80. Tubular body 80 has a central lumen 86, which extends between ends 82 and 84. An inflation port 90 is provided on tubular body 80 near the proximal end 82. Inflation port 90 is in fluid communication with lumen 86 such that fluid passing through inflation port 90 into or out of lumen 86 may be used to inflate or deflate an inflatable balloon 72 in communication with lumen 86. Further details are disclosed in assignee's co-pending application entitled LOW PROFILE CATHETER VALVE AND INFLATION ADAPTER, Application Serial No. 08/975,723, filed November 20, 1997, now U.S. Patent No. 6,050,972, the entirety of which is hereby incorporated by reference.

Please amend the paragraph beginning at line 12 of page 10 as follows:

The tubular body 80 has sufficient structural integrity or "pushability" to permit catheter 70 to be advanced through the vasculature of a patient to distal arterial locations without buckling or undesirable kinking of tubular body 80. It is also desirable for the tubular body 80 to have the ability to transmit torque such as in those embodiments where it may be desirable to rotate tubular body 80 after insertion into a patient. A variety of biocompatible materials known by those of skill in the art to possess these properties and to be suitable for catheter manufacture may be used to produce tubular body 80. For example, tubular body 80 may be made of a stainless steel material such as ELGILOY®, or may be made of polymeric material such as PEEK, nylon, polyimide, polyamide, polyethylene or combinations thereof. In one preferred embodiment, the desired properties of structural integrity and torque transmission are achieved by forming the tubular body 80 out of an alloy of titanium and nickel, commonly referred to as nitinol. In a more preferred embodiment, the nitinol alloy used to form the tubular body 80 is comprised of about 50.8% nickel and the balance titanium, which is sold under the trade name TINEL™ by Memry Corporation. It has been found that a catheter tubular body having this composition of nickel and titanium exhibits an improved combination of flexibility and kink resistance in comparison to other materials. Other details regarding construction of catheter 70 may be found in assignee's copending applications entitled HOLLOW MEDICAL WIRES AND METHODS OF CONSTRUCTING SAME, Application Serial No. 08/812,876, filed March 6, 1997, now U.S. Patent No. 6,068,623, SHAFT FOR MEDICAL CATHETERS, Application Serial No. 09/026,105, filed February 19, 1998, now U.S. Patent No. 6,228,072, and FLEXIBLE CATHETER, Application Serial No. 09/253,591, filed February 22, 1999, all of which are hereby incorporated by reference in their entirety.

Please amend the paragraph beginning at line 15 of page 11 as follows:

The balloon 72 described in the preferred embodiments preferably has a length of about 5 to 9 mm and more preferably about 6-8 mm. Other expandable members are suitable for the catheter 70, such as those disclosed in assignee's copending application entitled OCCLUSION OF A VESSEL, Application Serial No. 09/026,106, filed February 19, 1998, now U.S. Patent No. 6,312,407, the entirety of which is hereby incorporated by reference.

Please amend the paragraph beginning at line 22 of page 13 as follows:

Further details and alternative preferred embodiments of introducer arrangements that may be used in conjunction with the present invention are described in assignee's co-pending U.S. application Serial No. 09/047,303, filed on March 24, 1998, entitled MEDICAL WIRE INTRODUCER AND BALLOON PROTECTIVE SHEATH, now U.S. Patent No. 5,997,562, which is hereby incorporated by reference in its entirety

Please amend the paragraph beginning at line 18 of page 15 as follows:

Other inflation adapter/inflation syringe assemblies may also be used. For instance, as shown in **FIGURE 9**, the sliding panels 120 and sealer portion 104 of the adapter 54 may be arranged somewhat differently than shown in **FIGURE 8**. Also, the adapter 54 can have additional features, such as a safety lock provided on the actuator knob 70 to prevent accidental opening when the adapter is being used and the catheter valve is open. In addition, the adapter can be provided with an overdrive system to overdrive a sealing member into a catheter. Details of these features and other inflation assemblies may be found in assignee's copending applications LOW PROFILE CATHETER VALVE AND INFLATION ADAPTER, referenced above, SYRINGE AND METHOD INFLATING LOW PROFILE CATHETER BALLOONS, Application Serial No. 09/025,991, filed February 19, 1998, abandoned, and LOW VOLUME SYRINGE AND METHOD FOR INFLATING SURGICAL BALLOONS, Application Serial No. 09/195,796, filed November 19, 1998, abandoned, all of which are incorporated by reference in their entirety.

Please amend the paragraph beginning at line 10 of page 16 as follows:

Further details regarding the occlusion system and its use are disclosed in assignee's copending applications entitled ASPIRATION CATHETER, Application Serial No. 09/026,013, filed February 19, 1998, now U.S. Patent No. 6,152,909, and EXCHANGE METHOD FOR

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EMBOLI CONTAINMENT, Application Serial No. 09/049,712, filed March 27, 1998, both of which are hereby incorporated by reference in their entirety.

Please amend the paragraph beginning at line 3 of page 41 as follows:

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Further details regarding aspiration and other methods and apparatus for treating occluded vessels are disclosed in U.S. Patent No. 5,833,650, and assignee's copending application entitled ASPIRATION METHOD, Application Serial No. 09/049,857, filed March 27, 1998, now U.S. Patent No. 6,135,991, the entirety of both of which are hereby incorporated by reference.

IN THE CLAIMS:

Please cancel Claims 1-2 without prejudice and amend Claims 3 and 7 as follows:

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3. (Twice Amended) A method for the evacuation of an occlusive substance form the wall of a blood vessel, comprising:

positioning a distal end of a guidewire proximal to at least a portion of the occlusive substance on the wall of said blood vessel;

introducing an aspiration catheter over said guidewire;

aspirating through the aspiration catheter while crossing the site of the occlusive substance with both the distal end of the guidewire and a distal end of the aspiration catheter;

removing the aspiration catheter from the blood vessel; and

advancing a therapy catheter into the blood vessel to treat the occlusive substance after removing the aspiration catheter.

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7. (Twice Amended) The method of Claim 3, wherein said occlusive substance includes an embolus.

Please add the following new Claims 31-46:

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31. (New) The method of Claim 3, further comprising exchanging the guidewire for a guidewire having an occlusive device at its distal end.

32. (New) The method of Claim 31, wherein said exchange occurs prior to removal of the aspiration catheter.

33. (New) The method of Claim 32, wherein said exchange occurs after removal of the aspiration catheter.

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